

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101575245

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4						
5						
6			1			
7						
8				1		
9						
10				1		
11			1			
12				1		
13						
14			1			
15				1		
16			1			
17				1		
18				1		
19				1		
20			1			
21				1		
22				1		
23				1		
24				1		
25			1	1		
26				1		
27				1		
28			1	1		
29				1		
30			1			
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41				1		
42				1		
43				1		
44			1	1		
45				1		
46				1		
47				1		
48				1		
49			1			
50				1		
TOTAL IND.			15			
TOTAL DEP.			11			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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57						
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						